

PU.CHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

7398

213

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

AGE OF DEATH 6 AND 51 JAL RESIDENCE 6201	1. PLACE OF DEATH A. COUNTY YUMA		B. LENGTH OF STAY IN THIS TOWN 60 yrs IN ARIZONA 60 yrs		2. USUAL RESIDENCE A. STATE ARIZONA		B. COUNTY YUMA			
	C. CITY OR TOWN YUMA		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN YUMA 6th Avenue		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF HOSPITAL OR INSTITUTION Yuma County Nursing Home				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 261 6th Avenue		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DECEDENT PERSONAL DATA 861	3. NAME OF DECEASED (TYPE OR PRINT) MARIA MUNOZ MIRANDA		A. (FIRST) B. (MIDDLE) C. (LAST)		4. SEX F		5. COLOR OR RACE Caucasian			
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH DAY YEAR May 19 1898		8. AGE (IN YEARS LAST BIRTHDAY) 63		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) HOMEMAKER			
	9B. KIND OF BUSINESS OR INDUSTRY Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No			
OPERATIONS, AUTOPSY	14A. FATHER'S NAME Genevieve Munoz		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico		15A. MOTHER'S MAIDEN NAME Pabla Gonzales		13. SOCIAL SECURITY NO. None			
	16. INFORMANT'S SIGNATURE ADDRESS Lenore Miranda, 261 6th Ave., Yuma, Arizona				17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 26 1961		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico			
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Cerebro-Vascular Accident DUE TO (B) Chronic Nephrosis DUE TO (C) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH 4 days. Unknown.	
MEDICAL CERTIFICATION	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/1 1961 TO 8/26/1961, THAT I LAST SAW THE DECEASED ALIVE ON 8/26/1961, AND THAT DEATH OCCURRED AT 1:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
	22A. SIGNATURE (DEGREE OR TITLE) <i>William D. Ward Jr. M.D.</i>		22B. ADDRESS Yuma, Arizona				22C. DATE SIGNED 8/28/61			
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)				23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?					
	24A. CORONER'S SIGNATURE				24B. ADDRESS				24C. DATE SIGNED	
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Aug 29, 1961		25C. NAME OF CEMETERY OR CREMATORY Yuma Cemetery				25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Yuma, Arizona	
	26A. DATE REG. BY LOCAL REG. 8-28-61		26B. REGISTRAR'S SIGNATURE Marie Nelson		27A. FUNERAL DIRECTOR'S SIGNATURE A. E. Dorla				27B. ADDRESS Yuma, Arizona	
	28A. EMBALMER'S SIGNATURE A. E. Dorla		28B. EMBALMER'S CERT. NO. 364 R							